Features of the preinduction of labor by the medicine Mifepriston

Relevance. In practical obstetrics we can see increase of frequency of induction of labor which in the developed countries reaches 20-25% (MacKenzie I.Z., 2006 is observed; WHO recommendations for induction of labor, 2011). In our country one of the main medicine of a medicamentous preinduction and induction of labor is Mifepriston - steroid synthetic antigestagenic drug. Along with it, the expediency of its use in obstetrics at foreign authors has ambiguous estimates.

Aim. Define risk of emergence of abnormal labor when we use a preinduction by Mifepriston.

Materials and methods. The retrospective analysis of 60 stories of labor for 2018 ICPC at women with the abnormal labor (AL) is carried out. Two groups of a research are created: the main – with using Mifepriston (n=30), group of control – without preinduction (n=30). Most of women of both groups were primipara: 24 (80%) and 20 (66%), and middle age in both groups was 28 years. Criteria of inclusion of patients in a research: the set diagnosis of uterine inertia (UI, the code on ICD O62.0; O62.1), incoordinative uterine activity (IUA, the code on ICD O62.4), a preinduction of labor by Mifepriston, the full-term term of pregnancy. Criteria of an exception: incomplete pregnancy, lack of the final diagnosis of AL. Statistical data processing was carried out by program package "STATISTICA 10.0". Statistically significant distinctions defined with use of nonparametric criterion of Pearson χ2 at р <0.05.

Results. The main indications for a preinduction of labor by Mifepriston in the main group were: gestational diabetes, arterial hypertension, term of a gestation is 40 weeks 5 days, a premature rupture of fetal covers on the full-term term. Assessment of a maturity of birth canal on a scale Bishop averaged 4.6 points. At 16 (83%) women of the main group labor activity began after receiving 400 mg of Mifepriston, at 5 women (16%) - after 200 mg. It is established that at women of the main group pregnancy by 2.6 times authentically was complicated by IUA in comparison with group of control more often (43% and 16% respectively; p = 0.02). The main complication at women of group of control is primary UI (56%). Significant differences in the frequency of development of secondary UI between two groups it is not set: 9 (30%) and 6 (20%) cases respectively. To patients from the main group 1.4 times more often the emergency Cesarean section by group of control was carried out (36% and 26% respectively). In the main group labor twice more often was complicated by signs of a fetus distress - 8 (26%), in comparison with group of control - 4 (13%).

Conclusions. When using Mifepriston for a preinduction of labor in the full-term pregnancy is significantly more often IUA can develop, the need for performing epidural analgesia and more often labor can be ending by Cesarean section.